

FLORIDA DEPARTMENT OF STATE DIVISION OF ELECTIONS  
CAMPAIGN TREASURER'S REPORT SUMMARY

(1) MARY D. GRAHAM  
Name

(2) 6170 NW 32 TERRACE  
Address (number and street)

FT. LAUDERDALE FL 33309  
City, State, Zip Code

☐ CHECK IF ADDRESS HAS CHANGED

(3) ID Number: \_\_\_\_\_

OFFICE USE ONLY

2012 MAR 30 PM 1:33

CITY CLERK

(4) Check appropriate box(es):

☒ Candidate (office sought): DISTRICT 1 CITY COMMISSION

☐ Political Committee

☐ Committee of Continuous Existence

☐ Party Executive Committee

☐ Electioneering Communication

☐ CHECK IF PC HAS DISBANDED

☐ CHECK IF CCE HAS DISBANDED

☐ CHECK IF NO OTHER ELECTIONEERING  
COMMUNICATION REPORTS WILL BE FILED

(5) REPORT IDENTIFIERS

Cover Period: From 03 / 14 / 2012 To 03 / 30 / 2012 Report Type TR

☒ Original ☐ Amendment ☐ Special Election Report ☐ Independent Expenditure Report

(6) CONTRIBUTIONS THIS REPORT

Cash & Checks \$ 0

Loans \$ 0

Total Monetary \$ 0

In-Kind \$ 0

(7) EXPENDITURES THIS REPORT

Monetary Expenditures \$ 417.50

Transfers to Office Account \$ 0

Total Monetary \$ 417.50

(8) Other Distributions

\$ 0

(9) TOTAL Monetary Contributions To Date

\$ 600.00

(10) TOTAL Monetary Expenditures To Date

\$ 600.00

(11) CERTIFICATION

It is a first degree misdemeanor for any person to falsify a public record (ss. 839.13, F.S.)

I certify that I have examined this report and it is true, correct, and complete.

(Type name) MARY D. GRAHAM

☐ Individual (only for electioneering commun.) ☒ Treasurer ☐ Deputy Treasurer

Mary D. Graham  
Signature

I certify that I have examined this report and it is true, correct, and complete.

(Type name) MARY D. GRAHAM

☒ Candidate ☐ Chairperson (only for PC, PTY & electioneering commun. organization)

Mary D. Graham  
Signature

## 8

(2) I.D. Number \_\_\_\_\_

(4) Page 1 of 1

[illegible]